

November 1993

# Clinical Center News

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### In Russia to advise on fire safety

## **Exchange yields front-row seat to world headlines**

Russian political factions at bloody odds with each other captured world headlines this autumn with a tug of war for power in a country struggling to find its place in a new world order.

But as the old party-liners battled the new regime, a core of Russian officials never let up in their steady efforts toward rebuilding their country.

Jim Wilson, Clinical Center building services manager, witnessed what *Time Magazine* described as an "armed mutiny." He also received an indepth look at the Russian persistence in restructuring a crumbling infrastructure.

Wilson, who serves as deputy chief of the Kensington Fire Department and has been a volunteer



**Jim Wilson, CC building services manager, received more than a tourist's view of Russia while on a recent visit.**

in the Montgomery County Department of Fire and Rescue for 30 years, visited Russia Sept. 17-26 as part of a delegation committed to

helping rebuild that nation's failing system for fire safety. He and five other fire fighters were sponsored by the Organization for American-Soviet Exchanges, Inc., an organization for international professional exchanges based in Cambridge, Mass. The group included James P. Stanton, Kensington Fire Department chief, two fire fighters from Howard County, and one from Boston.

The group's official schedule of tours and discussions was interrupted on Sept. 22. "We were called together and told that there were problems between the new government and the old regime," Wilson says. Wilson's hosts described the troublemakers as

*(Continued on the back page)*

## **Nutrition department initiates internship**

Six interns—the program's full complement—are now enrolled in the Clinical Center's first dietetic internship program sponsored by the Nutrition Department.

Program developers see this internship as filling a void in the professional dietetics community. "There was a need for a dietetic internship in the D.C. area," explains Elaine Ayres, chief of training and education for the

department, "to provide educational opportunities in the profession. It furthers the NIH spirit of education, and the interns are wonderful resources for our department."

"We wanted to provide a pathway for those working in the field of nutrition to become registered as dietitians," adds Pam Brye, department training and education specialist.

Becoming a registered dietitian requires an undergraduate degree in nutrition, and formal, practical field experience such as that offered by an accredited internship. Taking the national registration exam is the final step.

The Clinical Center's unique mission of patient care and research provides the foundation

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# Annual evaluation process moves into high gear

The federal workers' report card is the performance appraisal, and the annual evaluation process is about to move into high gear.

The official rating period runs January to December, says Tom Reed, director of CC's Office of Human Resources Management. The supervisor's job is to sit down with each employee early in the new year to review and assign a rating to 1993 job performance.

A look to performance goals for 1994 goes hand-in-hand with that review.

"There's a new plan every year," says Reed, "and each year is independent." That means workers start each year with a clean slate.

Ratings are important. Any

rating of less than "fully satisfactory" is grounds for remedial action, he points out.

"That could mean more training, supervisory guidance, or reassignment to a different job. It could lead to denial of a within-grade increase, and even removal from a job."

Workers must have a rating of at least "fully satisfactory" in order to qualify for within-grade increases, promotions, and any increases in cost-of-living allowances.

Workers who receive at least a "fully satisfactory" rating are also eligible for performance bonuses. Bonuses come from a set pool of money within each department to reward its employees.

"Bonuses are not entitlements," Reed points out. Every department manages its fund for bonuses differently, and some choose to award bonuses only to employees rated as excellent or outstanding. On the other hand, some departments prefer to use some of this pool of money for other types of rewards such as On-the-Spot or Special-Act-or-Service Awards."

The pool of money available for bonuses is equal to about one-and-a-half percent of a department's total for salaries.

Employees who don't agree with their ratings have several options, Reed says, including negotiating with the supervisor for a change in the rating, attaching additional information to the appraisal for inclusion in the employee's official record, or filing a grievance.

"The personnel office can advise on the options," Reed says.

## query

**Health care and its delivery have changed profoundly in the past five years. What's had the greatest impact on your profession?**



**Janet Andrews**  
Clinical Pathology

"We identify mycobacteria in this lab. One is tuberculosis. Everyone is concerned about that again. Now we can identify the organism in a few days. It used to take four to six weeks or longer."



**Manola Wilkerson**  
Diagnostic Radiology

"The fact that we are becoming more specialized. We used to be one big department. Now, we're divided into specialties such as CAT scan, MRI, ultrasound, and special procedures."



**Bill Barrick**  
Nursing Department

"Informatics. Clinical practice, clinical documentation, interpersonal and interprofessional communications, education—there isn't much on which computers haven't had an impact. The other is HIV and the enlarged role for nursing. . ."



**Dr. Susan Leitman**  
Transfusion Medicine

"New gene therapy initiatives involving multiple institutes have impacted blood banking substantially. We're now acting as a fulcrum for cell processing in gene therapy efforts."

## CC News

Editor: Sara Rand Byars

*Clinical Center News* is published monthly by the Office of Clinical Center Communications, Colleen Henrichsen, chief, for employees of the Clinical Center, National Institutes of Health, Department of Health and Human Services.

News, article ideas, calendar events, letters, and photographs are encouraged and can be submitted to Bldg. 10, room 1C255, or by calling 496-2563. You may also contact your department's *CC News* liaison.

**Deadline** for submission is the second Monday of each month. If possible, submit your article on a Macintosh disk (Microsoft Word preferred).



## OR nurses host unit tours Nov. 19

Have you ever had surgery and wondered what kind of instruments doctors and nurses used on you while you were under anesthesia? Operating Room Nurses' Week Nov. 14-20 is your chance to find out. Meet the nurses of the Surgical Services Department whose skills and compassion pull patients through all types of surgery and the other staff members who work behind the scenes.

CC operating room nurses will exhibit instruments and special equipment used in various surgical procedures, including some examples on video, Nov. 19, 10 a.m.-2 p.m., outside the special events section, 1C174.

Tours of the operating room suite are scheduled at 11 a.m., noon, and 1 p.m. Each tour will last about 30 minutes and will leave from the special events area five minutes before the hour. Follow a mock surgical procedure from the operating room gallery, then walk through that same operating room, the adjacent instrument room, and a special cleanup room.

Those on the tour will have to wear a one-piece, disposable jumpsuit over their clothing to maintain the operating room's clean environment, according to organizers.

## Vendors and crafters here for 'Friends' benefit

The Friends of the Clinical Center in collaboration with R&W will sponsor its third annual Holiday Bazaar Dec. 7, 10 a.m.-3 p.m., in the Visitor Information Center. More than 25 vendors and crafters will be on hand to help those attending with holiday shopping. All proceeds benefit the Friends of the Clinical Center.



### New signs

Workers have put finishing touches on the Clinical Center's new lobby directory. It's geared toward patients and visitors, and designed to be user friendly, says Ann Ellis, CC art program interior designer. The directory is part of ongoing efforts to simplify and standardize the Clinical Center's signage system. What's included in the new directories—there's also one near the bank of clinic elevators—was determined by a series of patient surveys and staff consultations.

## Blood donors make a difference

Thanksgiving is a time to remember those less fortunate than ourselves. One way to do that is to donate a unit of blood at the NIH Blood Donor Center for critically ill patients at the Clinical Center. The center is in room 1N416. Call 496-1048 for an appointment.

## Vaccine offer continues through Nov. 19

Flu shots continue to be available for Clinical Center workers

through Nov. 19. They're offered in the Occupational Medical Service's sixth floor clinic.

For more information on influenza or the vaccine schedule, call the hospital epidemiology service, 496-2209, or OMS, 496-4411.

## Time to act

The NIH Office of AIDS Research invites Clinical Center employees to join in a World AIDS Day observance Dec. 1 at noon in Masur Auditorium. This year's theme is "Time to Act." The program will include NIH scientists and guest speakers. For details, call Nancy Gaskins, 986-4870.

## EPMS focus of December class

The education and training section, Office of Human Resources Management, will sponsor a course, "The EPMS for Supervisors," Dec. 10, 9 a.m.-5 p.m., in 1N248. The course will cover details of the Employee Performance Management System. Call 496-1618 to register.

**f y i**

## Use or lose

Employees in the enviable position of having use-or-lose annual leave have until Nov. 27 to make arrangements to take this leave. Use-or-lose leave must be requested by the employee and approved in writing by the employee's supervisor by that day to avoid scheduling problems at the end of the year, according to the Office of Human Resources Management. The leave year ends Jan. 8, so any annual leave an employee has over the maximum carry-over amount—240 hours—must be taken before then. Leave not taken is lost.



Members of the National Capital Therapy Dogs, Inc., offer a special warmth and comfort to Clinical Center patients. Among program regulars are (from left) Mal Mellington with Liz; Mona Schaufele with Rocky (in front) and Desi; and Jane Bartholomew with Samantha. (Photos by Ernie Branson and John Crawford)



## ***‘Caring canines’ warm the hearts of patients and staff***

If W.C. Fields had seen the attention showered on the “caring canines” who visit the Clinical Center, he probably never would’ve quipped, “Anyone who hates children and dogs can’t be all bad.”



Dr. Joe Pierce, CC veterinarian, examines the dogs each time they visit the Clinical Center.

One would be hard-pressed to feel anything but warmth and happiness around these kids and animals. The animals are therapy dogs who visit as part of a program developed by the National Capital Therapy Dogs, Inc. The kids are Clinical Center patients who enjoy the canines’ company.

The dogs are eager for the attention they attract from patients, staff, and visitors. Their green harnesses sport signs that invite admirers to “please touch.” Their Wednesday morning destination is 13 West where they’ll spend a couple of hours visiting pediatric oncology patients. Several dogs—and their handlers—visit clinic, playroom, and treatment and patient rooms. More dogs return Thursday evenings for visits throughout

other areas of the hospital.

A dog may nestle on a patient’s lap during a chemotherapy session, or sit closely by waiting for a pat on the head or a rub on the belly.

Samantha, a German shepherd who also answers to the name Sam, waited outside a room while Casey Moore had x-rays taken. Having Samantha nearby helped calm the 12-year-old’s nervousness.

“I look forward to seeing Sam,” says Moore. Sam plays with her and jumps up on her hospital bed. That took some coaxing, since bed-sitting is off limits at Samantha’s home.

Although dogs and kids seem to go together naturally, the program has not been without growing pains.

Recreation therapist Holly



Cobb Parker has believed in the program since it first started five years ago. "The perseverance has been worth it," she says.

She credits the program's success to the support of Dr. Philip Pizzo, chief of the pediatric branch, NCI.

"We should never underestimate what animals, or pets, can do for the lives of these patients. This program was a good idea," says Dr. Pizzo.

A Clinical Center patient originally had the idea to include a program to get patients and pets together here. He approached Parker with the suggestion.

"Although it took nine months to get the program off the ground, it was worth the wait," says Parker.

Samantha, Desi, and Rocky are frequent and popular visitors. Wheelchairs and IV poles are as familiar to the dogs as soft rubber balls and bones, their equally popular handlers point out.

They're all part of the National Capital Therapy Dogs, Inc., a volunteer-based therapy dog program serving the public and health-care facilities in the Baltimore and Washington area. The organization provides extensive training for both dogs and handlers.

"And the dogs know that they are going to work when those green harnesses come out," says Jane Bartholomew, Samantha's owner and co-founder of the group.

And when it's time for the dogs to leave, it's hard to tell who has had the most fun, the pets or the patients.

Dogs are chosen to participate after having what Bartholomew



**Samantha, a German shepherd, is a favorite with both Paola Mercado (left) and Casey Moore (below). The dogs, specially picked to participate in the visitation program based on—among other factors—their temperament, sport signs that invite "please touch."**



describes as a temperament test. It's important to know how the dogs will respond to typical hospital situations, the clang of a dropped tray, for example. The handlers spend several hours readying the dogs for each hospital visit, and the dogs are

inspected by a Clinical Center vet.

The dogs are examined briefly each time they enter the Clinical Center to make sure they're healthy, explains Dr. Joe Pierce, CC veterinarian.

—by Mary Hepburn



# Fellowship fosters exploration of nursing roles

A Clinical Center team was one of ten chosen nationwide to participate in an innovative clinical fellowship for nurses sponsored by the American Association of Critical-Care Nurses (AACN), the *American Journal of Nursing*, and Wyeth-Ayerst Laboratories.

Gladys Campbell, chief, Critical Care/Heart, Lung, and Blood/Neurology and Neurosurgical Nursing, served as mentor to program fellow Alice Kacuba, staff nurse on the 2-J surgical intensive care unit. The fellowship began in April and culminates with the publication of an article they've written. "Staff Nurse Involvement in Clinical Nursing Research: Driven by a Vision" will appear in a special supplement to this month's issue of the *American Journal of Nursing*.

"There is a research-practice gap," Kacuba explains, "a gap between the research that is conducted and research that's actually used. Staff nurses often view nursing research as not being relevant to their practice. A way to reduce this research-practice gap is the participation of staff nurses in a clinically relevant research project."

Research offers nurses avenues for professional growth individually and as members of a team. "When a group of staff nurses work on a research project together it fosters teamwork and professional image building," she says.

Nursing research can also strengthen staff retention efforts, she points out. "Nurses involved in protocols tend to stay put when involved in nursing research. The research gives an added



Gladys Campbell (left) and Alice Kacuba participated in a clinical fellowship for nurses sponsored by the American Association of Critical-Care Nurses, the *American Journal of Nursing*, and Wyeth-Ayerst Laboratories. Campbell is chief, Critical Care/Heart, Lung, and Blood/Neurology and Neurosurgical Nursing. Kacuba is a staff nurse in the surgical intensive care unit.

dimension to their job."

A successful nursing research program must have a strong foundation of administrative support in place. "Head nurses and clinical nurse specialists here at the Clinical Center value nursing research and empower staff to carry it out," Kacuba says.

Campbell and Kacuba also explored aspects of nursing practice beyond direct patient care and research as a part of the fellowship.

"It was important to me to have a staff nurse nominated as a fellow. The essence of nursing is the staff nurse—bedside nursing—because nursing is a patient-focused profession," Campbell says.

Meeting weekly, the two examined how the roles of the bedside practitioner and the nursing manager mesh.

"The fellowship offers an opportunity to develop future leaders in nursing. Many nurses don't get the opportunity to walk alongside colleagues in different positions and experience a different perspective of what nursing is all about," Campbell says.

The greatest benefit of the fellowship, adds Kacuba, has been "looking at the bigger picture of nursing leadership, the larger perspective of how nursing fits in with other disciplines and what we can accomplish."

This is the program's second year and the first time Clinical Center nurses had been asked to participate, explains Campbell. "AACN selects institutions based on the reputation of its nursing department. It's a real compliment to be asked to participate."

—by Sara Rand Byars



## Opportunities, goals draw interns to new CC program

Joanna Arpee wanted to participate in the new dietetic internship program because of the Clinical Center's research focus.

"We see things here we'd never see anywhere else," she says.

The program's broad-base of professional experiences has been another draw. "[Planners] worked very hard to include every experience available in the D.C. area," adds Lisa Gallagher, the first CC Nutrition Department employee to participate in the program. The internship provides her with a way to move up the ladder of professional development. "I had high expectations coming into the program," she admits.

The interns are highly motivated—it carries no salary or stipend for participants—and have clear career goals that demonstrate the diverse opportunities open in the profession.

After becoming a registered dietitian, Regina Irons plans to focus on health promotion. Denise Shaffer wants to teach. Ann Lewis hopes to use her expertise in emphasizing the role of nutrition in disease prevention efforts. Karen Johnson intends to combine her new career in nutrition with her former career in fitness and exercise.

The interns agree that the program is meeting their expectations. "I've been impressed with the degree of organization and concern for training within the Clinical Center," says Arpee. "It's nice to be in an institution committed to education and training."



### ***Receives scholarship***

Regina Irons (left) of Nashville, Tenn., is recipient of the first Edith Jones Scholarship for Clinical Center Dietetic Interns. The scholarship, established by the District of Columbia Dietetic Association, honors Edith Jones. Jones, who died in June, was the Clinical Center's first Nutrition Department chief. She served in that position from 1953 until her retirement thirty years later. With Irons is her preceptor, Marnie Dobbin, clinical research dietitian.

## *... internship offers experience*

*(Continued from page 1)*

for the interns' work. "Interns rotate through all patient-care units," says Ayres. "They learn how to screen and assess patients and are involved in research protocols."

Interns rotate through food service, community, management, and research components. "We like the students to see the variety of positions available in the field," says Brye.

As the role of nutrition expands into the public health sector, there will be more career opportunities for the professionals, notes Alberta Bourn, Nutrition Department chief. "The students have high expectations of NIH and are very enthusiastic about what they want their careers to be."

The Clinical Center's proximity to the nation's political and governmental core adds another dimension to the

internship's professional development opportunities. "There are opportunities for experience and the practical application of skills all around us," Bourn adds.

Interns observed operations at such agencies as the Food and Drug Administration, the Department of Agriculture, and gained experience working in such settings as the dialysis unit at Walter Reed Army Medical Center, the D.C. Department of Public Health, and Carriage Hill Nursing Home."

Lisa Gallagher, Karen Johnson, and Ann Lewis, who began last March, will graduate in January. Joanna Arpee, Regina Irons, and Denise Shaffer joined the 45-week internship in September. The program is accredited by the American Dietetic Association.



# ... Wilson in Russia to evaluate fire safety programs

(Continued from page 1)

"radicals" who wanted to take Russia back to the days of Communist Party dictators.

"They [the group's hosts] told us they didn't want us to get involved in what they described as a political game."

The disruption was short-lived. While the world watched the Russian Parliament burn, the American fire fighters received lessons in how Russia functions that few foreigners have ever experienced.

"Russia wants to develop more volunteer fire-fighting units and we went over to exchange fire prevention and fighting tactics," Wilson explains.

Local fire chiefs were eager for the Americans' ideas and suggestions.

The Americans visited hospitals, government facilities, including the Russian Aerospace Center, and factories to evaluate fire-fighting needs and capabilities. "We visited facilities no Americans had been inside before," Wilson notes.

"Hospitals are operating with technology we think of as from the 1950s," Wilson says. "They



Jim Wilson, CC building services manager, was in Russia as part of a professional exchange program in September.

have no fire protection at all."

Installing those systems of fire fighting and prevention will likely take years. "They have the technology, but there's no money to buy needed equipment and implement the programs."

Wilson found Russian fire service officials well informed about modern fire-fighting technology and tactics. They're also realistic about the money, training, and time that will be necessary to reach their goals. "Fire-fighting systems in Russia are operating about where the

United States was 20 years ago."

Even though money is in short supply, there's no shortage of hospitality. "They treated us like gold and gave us the best that they had.

"It was an education," Wilson admits. And the lessons will continue when a group of Russian fire fighters visit the U.S. next spring for a look at how American fire protection services operate. "We'll offer them a tour of the Clinical Center while they're here."

—by Sara Rand Byars

## november

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### Grand Rounds

noon-1 p.m.

Lipsett Amphitheater

*Care of the Voice*, Karen Rhew, M.D., NIDCD; *Are There Cofactors in HIV Progression?*, Richard Kaslow, M.D., NIAID

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### Medicine for the Public

7 p.m.

Masur Auditorium

*Obesity: The Whys and Wherefores*, Van Hubbard, M.D., NIDDK

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### Grand Rounds

noon-1 p.m.

Lipsett Amphitheater

*Surgical Crises in the "Super-sick,"* Alan Baker, M.D., NCI; *Treatment of Chronic Hepatitis C Infection*, Jay Hoofnagle, M.D., NIDDK

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### 8th Annual Oncology Nursing Conference

7:30 a.m.-4 p.m.

Masur Auditorium

*Making Every Moment Count: Life with Cancer and HIV Disease*, sponsored by the CC Nursing Department's cancer nursing service

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### Bioethics Conference

noon-1:30 p.m.

Medical Board Room

*Harmony and Discord in Five Keys*, sponsored by the CC Ethics Committee and Bioethics Program

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### Grand Rounds

noon-1 p.m.

Lipsett Amphitheater

*The Tourette Syndrome*, Daniel Weinberger, M.D., NIMH; *New Treatments for Chronic Myelogenous Leukemia*, Austin Barrett, M.D., NHLBI